

EXHIBITOR**Exhibitor Information**

(Please print or type)

Name _____
Family (Last) | First | M.I.

Name of Company _____

Department _____

Street Address _____

Town _____ State/Province _____ Postal Code _____ Country _____

E-mail _____ Telephone _____ Fax _____

Emergency Contact & Telephone Number _____

Names of Accompanying Persons: (Not participating in Scientific Program)

Name 1: _____ Name 2: _____

Booth Selection

First Choice: _____ Second Choice: _____ Third Choice: _____

Registration Fees

(in U.S.\$)

Event	Number	Payment received by April 6, 2001	Amount Remitted
Exhibitor Fee (includes 10x10 booth, 1 full conference registration and proceedings) Conference Proceedings: I prefer Book <input type="checkbox"/> CD <input type="checkbox"/>		\$1600.00	
Brochure in Conference Bag		\$800.00	
Sponsorship			
Extra Proceedings: # of Books →		\$100.00 (+ postage: \$15/US & Canada; \$55/elsewhere)	
# of CD-ROMs →		\$25.00	
Banquet (Thursday, June 21) # of tickets →		\$70.00	
Dietary Restrictions:			
ANL/FNAL Tour # of tickets →		\$25.00	
(Saturday, June 23)	Are all tour attendees U.S. Citizens? * <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL AMOUNT REMITTED		U.S. \$	

* If **No**, please complete either the Citizenship Information Form in this booklet or the electronic form available on the PAC2001 Web page for each non-U.S. Citizen going on the ANL/FNAL tour.

NAME: _____ Institution: _____

Citizenship Information

* Non-U.S. citizens planning to attend the ANL/FNAL Tour on Saturday, June 23 are required to provide citizenship information by completing the Citizenship Information Form available from the ***ANL/FNAL Tour*** link on the PAC2001 Web page (<http://pac2001.aps.anl.gov>) for each non-U.S. citizen going on the tour. This information must be received no later than ***May 18, 2001***.

Method of Payment

Please note that Exhibitor registration payment can be made by credit card (VISA or MasterCard only), bank transfer, or check (see information below).

☐ ***CREDIT CARD****: ☐ VISA ☐ MasterCard

Card Number _____ Expiration Date (mm/yy) _____

Cardholder's Name _____
Print name exactly as it appears on the card

Cardholder's Signature* _____
* Original signature is required for credit card payment

☐ ***BANK TRANSFER (U.S.\$)***: State clearly the name of the participant, the conference ("PAC2001"), and the following information:

Bank:	Oak Brook Bank	Depositor Account Title:	Argonne National Laboratory
Address:	1400 16th Street	Depositor Account No.:	022221300
	Oak Brook, Illinois 60521 USA	Type of Account:	Checking
Routing Transit #:	071923310		

Date of transfer: Bank transfer was requested through ☐ my own bank ☐ my Institution on _____ (mm/dd/yy).

NOTE: Banks charge a transfer fee for this service. Please make sure the bank transfer fee is included in the total.

☐ ***CHECK (U.S.\$)***: We ask that checks be drawn on a U.S. bank in U.S. currency and made payable to: ***Argonne National Laboratory (PAC2001)***. All checks drawn on foreign banks will incur a \$30.00 check cashing fee payable during registration at the Conference.

☐ Check is enclosed

NOTE: No refunds will be made after ***April 6, 2001***.

An administrative fee of \$100.00 will be withheld for any cancellation received in writing by April 6, 2001.

Please e-mail any questions to ***pac2001@aps.anl.gov***

***MAIL or FAX this form
along with
payment or credit card
information to:***

Conference Services
Argonne National Laboratory
Building 201
9700 South Cass Avenue
Argonne, Illinois 60439 U.S.A.

Phone: 1 630.252.5586
Fax: 1 630.252.5533